

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 166
Registered No. H52

1. PLACE OF BIRTH

County Yuma State Arizona

District or Township _____ on Village _____

City Maricopa No. Highway 100 St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Felipe Manzano { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Sept 21, 29
Month Day Year

8. FATHER
Full name Francisco Manzano

14. MOTHER
Full maiden name Lofia Mosqueda

9. Residence (Usual place of abode) Maricopa Arizona
If non-resident, give place and state.

15. Residence (Usual place of abode) Maricopa Arizona
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years)

16. Color or race Mex 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Jucatan Mexico
(State or country)

18. Birthplace (city or place) Juanajuato Mexico
(State or country)

13. Occupation Merchant
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Brown M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Maricopa Arizona

Month, day, year _____ Filled Sept 25, 19 29 Registrar C. E. Brown

646-921-241